

STATE OF NEW JERSEY
DEPARTMENT OF AGRICULTURE
DIVISION OF MARKETING AND DEVELOPMENT
P. O. BOX 330, TRENTON, NJ 08625 - 0330
www.nj.gov/agriculture
609-984-2225

APPLICATION FOR ORGANIC CERTIFICATION COST REIMBURSEMENT

NATIONAL/AMA COST-SHARE PROGRAM

PLEASE PRINT OR TYPE

Certification Type: Producer ☐ Handler ☐
Certification Category: Crops ☐ Wild Crops ☐ Livestock ☐ Processing/Handling ☐

APPLICANT INFORMATION

Name of Farm /
Operation
(if applicable) _____
Name of Applicant* _____
Business Address _____
Number & Street City State Zip Code
Mailing Address
(If different) _____
Number & Street City State Zip Code
Phone Number () Fax Number ()
E-mail Address _____ Contact Name _____

CERTIFYING AGENT INFORMATION

Certifying Agency _____
(Company Name)
Address _____
Number & Street City State Zip Code
Phone Number () Fax Number ()

Applicant's Signature

Date

IMPORTANT

THE FOLLOWING DOCUMENTATION MUST BE INCLUDED WITH THIS APPLICATION:

CERTIFICATION COST RECEIPT OF PAYMENT
COMPLETED W-9/QUESTIONNAIRE - ENCLOSED

PHOTOCOPY OF ORGANIC CERTIFICATE **
PROOF OF CONTINUATION OF CERTIFICATION **

* Checks will be made payable to the Name and Address submitted on the W-9 Form.

** For renewal applicants - These forms are not required if your operation is listed in the USDA's database of certified organic operations.

**APPLICATIONS MUST BE RECEIVED BY THE NJ DEPARTMENT OF AGRICULTURE
NO LATER THAN THE CLOSE OF BUSINESS ON WEDNESDAY NOVEMBER 19, 2014.**

Mail to: NJDA, Div. of Marketing & Development, ATTN: Debra McCluskey, P.O. Box 330, Trenton NJ 08625

STATE USE ONLY

Approval Date _____

Reimbursement Data:

Date: _____

Amount: _____

Program: ☐ AMS
☐ NATIONAL